



Verification of No Next of Kin Affidavit

Decedent's Name: _____ Race/Sex _____ Age: _____

Date of Death: ____/____/____ SSN: ____/____/____ Date of Birth: ____/____/____

Place of Birth: _____ Occupation: _____

Local Address: _____ Zip Code: _____

Time of Death: _____ PM/AM Doctor's Name: _____

Doctors Address: _____/Phone #: _____

Attention: Public Interment Coordinator

A thorough investigation by our organization for next of kin data has been completed for the above named decedent. Our investigative efforts are documented below: **Please Detail.**

Name of Institution

Authorized Signature

Telephone Number